

course, effectively end the food and medicine embargo immediately.

The foreign policy initiatives of a President can be decisive. President Nixon went to China. President Carter brought Begin and Sadat to Camp David. President Reagan met Gorbachev in Iceland to ease nuclear tensions and President Bush followed up by reducing our nuclear weapons. President Clinton has the possibility of charting a new relationship between the United States and Cuba.

Let me end by recounting an incident during the Pope's visit. One of the pilgrims traveling with us took a walk along the waterfront. He was alone, it was raining, and the pavement was slippery. He stumbled and fell, with a resultant large cut in the head. Some passersby stopped their car and took him to the emergency room of the nearest hospital. The care he received was both professionally competent and compassionate. However, he was struck by the fact that the only medicine he could observe on the shelf in the treatment room was some alcohol. When the doctor arrived to stitch his wound, he first reached into a pocket of his white coat, removed a light bulb, and screwed it into the empty socket so that he could see more easily. It is not just a bulb that is missing. There is often a lack of power with devastating consequences, especially in surgery. The lack of medicines more quickly and cheaply attainable from the U.S. severely restricts the treatment that can be provided. Even more basically, the effects of the lack of sufficient food threaten the most vulnerable members of the population, the old and the young.

I would submit that the people of Cuba deserve better than that from us. I would submit that it adds no honor to our country to deprive a people of those necessities which should never be used as bargaining chips.

Change is occurring in Cuba. The question is, do we have the political will and moral courage to change?

HEALTH CARE CLAIMS GUIDANCE ACT

HON. BILL MCCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 19, 1998

Mr. MCCOLLUM. Mr. Speaker, today I join my colleague from Massachusetts, Mr. DELAHUNT, in introducing the Health Care Claims Guidance Act. This legislation recognizes that, in our zeal to crack down on health care fraud and abuse, we must be careful not to throw our nets so wide that we ensnare honest providers who are making inadvertent billing mistakes. Ensuring that health care providers comply with all federal, state and local laws and regulations is, and always has been, a priority. At the same time, we should not carelessly paint all health care billing mistakes as billing fraud.

Many hospitals and other health care providers have received demand letters from the offices of U.S. Attorneys asserting that the provider may be guilty of fraudulent billing and threatening the imposition of treble damages plus \$5,000 to \$10,000 per claim under the False Claims Act unless a quick settlement is reached. In some cases, demand letters have been sent based on alleged overbilling of less than \$100. In one case, a demand letter was sent to a hospital for overbilling in the amount of \$8.79 on a single claim over a one year period.

The most innocent of providers often feel forced to settle these claims instead of facing the prospect of an automatic \$10,000 fine for a small disputed amount. Even if a provider could clearly prove their innocence and show that these claims resulted from innocent clerical error, they would be likely to settle the case rather than incur large legal costs. The numbers speak for themselves. In fiscal year 1997, there were 4,010 federal civil health care fraud matters pending but only 89 cases resulted in the actual filing of a civil complaint. The large majority were settled.

Considering that providers are faced with a federal health care payment system of more than 1,700 pages of law and over 1,200 pages of regulations interpreting those laws, as well as thousands of additional pages of instruction, it is inevitable that human error will occur and that erroneous claims will be submitted. Every day, providers submit over 200,000 federal health care claims, adding up to 73 million claims per year. Considering the sheer volume and complexity of such claims, it is unreasonable to view every single billing mistake as fraud that merits the threat of the severest civil sanctions.

Mr. Speaker, the Health Care Claims Guidance Act provides a clear and simple way of distinguishing between those claims that are fraudulent and those claims that result from human error. The bill establishes a de minimus threshold requiring that the amount of damages in dispute be a material amount for an action brought under the False Claims Act. The de minimus threshold would be established by the Secretary of Health and Human Services. This requirement would protect against the use of the False Claims Act for small, erroneous billings which likely result from human error.

In addition, the legislation would provide safe harbors for reliance on government advice or written policies. There is no better example of fundamental unfairness than when a private party relies on government advice but is then threatened with court action for having done so. The Health Care Claims Guidance Act would also provide safe harbors for claims that are in substantial compliance with model compliance plans. Affirmative defenses would be established for these situations.

It is clearly in the public's interest for parties to work together to prevent health care billing mistakes from occurring. Providers should actively seek out trouble spots and quickly flag problems to government agencies. At the same time, in order to further the goal of compliance, federal agencies which administer federal health care programs should be encouraged to assist providers in the early detection and correction of practices which may result in a disputed claim. By encouraging such self-policing, providers and government agencies will be able to work together to root out problems quickly.

It is clear that there are organizations and individuals engaging in efforts to defraud the federal government and we must use all of the tools at our disposal to pursue and severely punish such willful violators. In fact, during consideration of the Health Insurance Portability and Accountability Act during the last Congress, the Crime Subcommittee worked on provisions to strengthen criminal health care fraud statutes. At the same time, there are honest providers doing their best to comply with complex health care rules and regulations

who will make honest mistakes. The Health Care Claims Guidance Act provides clear guidance to ensure that the false claims of fraudulent actors are distinguished from the honest mistakes of innocent providers. I urge all my colleagues to support the Health Care Claims Guidance Act.

HONORING CANTOR BRUCE
WETZLER OF CONGREGATION
SHAAREY ZEDEK

HON. DEBBIE STABENOW

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 19, 1998

Ms. STABENOW. Mr. Speaker. I wish to recognize the service of a very special individual, Cantor Bruce Wetzler of Congregation Shaarey Zedek in East Lansing. After 39 years, Cantor Wetzler will be retiring.

Cantor Wetzler graduated from the Hebrew High School of Congregation Tikvoh Chadoshoh in New York City. He then attended Yeshivah University Cantorial Institute and the Jewish Theological Seminary, while studying music at both the New York School of Music and the Victor Stott Music Conservatory.

Since 1959, Cantor Wetzler had dedicated his life to Congregation Shaarey Zedek by serving as musical leader, teacher, community spokesperson, and spiritual advisory to people of all ages.

Most of all, through music, Cantor Wetzler has brought many people in East Lansing closer to God. Whether it is a weekly service or a personal experience like a wedding or a Bar or Bat Mizvah, Cantor Wetzler has offered his voice through song to many people through the years. With his guidance, families and individuals have gained a better understanding of loss and a better appreciation of joy.

Cantor Wetzler is a leader in the greater Lansing community, but his special dedication to his Congregation and religious belief has been unparalleled. I wish him the very best in his future endeavors and I know he will relish the additional time with his wife Miriam, his two daughters, and his two grandchildren.

AMENDMENT TO H.R. 10

HON. TOM BLILEY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 19, 1998

Mr. BLILEY. Mr. Speaker, elsewhere in the Congressional Record today, an amendment in the nature of a substitute to H.R. 10, the Financial Services Act of 1998, was filed by James Leach on behalf of both the Banking Committee and the Commerce Committee.

This legislation is the culmination of 20 years of work, and represents our best opportunity to enact meaningful financial modernization and consumer protection this term. We have tried to work on a bipartisan basis where possible, and have enjoyed extensive input and involvement from affected businesses and consumer groups throughout the process. While everyone had to make compromises to move this bill forward, we have achieved our fundamental goals of functional regulation, increased competition on a level playing field,